



Understanding of birth control methods behaviors within the Syrian refugee population in Turkey

Contraception in Syrian refugees

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Abstract

Aim: The majority of Syrian women refugees fall in between the reproductive ages of 15-49 years old. This migration has sparked a trend in studying various topics surrounding birth control, family planning and gynecological needs of this growing population. We aimed to learn the possible reasons for the increased birth rate within the Syrian refugee population and how different factors are contributing to the high number of birth rates. **Material and Method:** This study was conducted at the Obstetrics and Gynecology Department of the Bursa Yuksek Ihtisas Research and Training Hospital. The questionnaire was administered to 845 patients. **Results:** The mean age of the participants was 24.05 ± 6.2 and the mean number of children per woman born in Turkey was 1.02. 59.5% (n=491) of our study population did not use any contraception. 48% of the study population wanted to become pregnant again, 40% of them refused to use birth control based on their religious beliefs and 31% of the participants' husbands wanted another child. **Discussion:** We hope that with our survey results, future studies can be conducted to help the medical community understand more about pregnancy rates within the Syrian refugee population and the reasons for not utilizing birth control methods.

Keywords

Syrian Refugees; Contraception; Birth Planning

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Introduction

The reality of war is that it not only affects those involved in fighting on the front lines, but also the populations of the countries involved in the conflict. Syria has been making international headlines for the devastation of places like Aleppo, which has also had a lasting effect on the Syrian population. Syrian refugees have been displaced from this catastrophic war and, 230,000 Syrian ‘stateless’ babies have been born in Turkey. No country is more familiar with the influx of refugees than Turkey, the boarding nation who is helping those in need of a safe haven. As of 2016, an estimated 2.8 million refugees have started to adapt to life in various parts of Turkey. [1,2]

The majority of Syrian women refugees fall in between the reproductive ages of 15-49 years old the same as in Lebanon [3]. This migration has sparked a trend in studying various topics surrounding birth control, family planning and gynecological needs of this growing population. According to the Disaster and Emergency Management Presidency (AFAD), 11,249 births were reported within the Syrian refugee population in Turkey as of 2011-2014 [4]. At our hospital located in the city of Bursa, the total number of deliveries to Syrian refugees performed in 2016 was 2,020. Of those 2,020 deliveries, 1,337 were vaginal births, 3 were assisted vaginal deliveries and 680 were cesarean sections. Increase of birth rates within the Syrian refugee population has lead us to investigate the reasons and rationality behind the increasing delivery rates.

The growing population of Syrian refugees poses new problems of: health, shelter, nutrition and the education of refugee’s children for the governments that accept the Syrian refugees into their countries. The Turkish government has announced that, these problems are increasing with the rising population and high birth rates of Syrian refugees. In the literature there is no study about problem related to rising population and high birth rates of Syrian refugees.

Our survey was designed and conducted to learn the possible reasons for the increased birth rate within the Syrian refugee population and how different factors are contributing to the high number of birth rates.

Material and Method

This study was conducted at the Obstetrics and Gynecology Department of the Bursa Yuksek Ihtisas Research and Training Hospital in 2017. The local ethics committee (Uludag University Ethical Committee, Bursa, Turkey) approved the study. Informed consent was obtained from all participants. 20 questions of survey prepared to evaluate the contraceptive behaviors of among the Syrian refugees. The questionnaire was translated into Arabic by a certified translator and for illiterate patients, a translator was provided to verbally assist with the questions and answers. The questionnaire was administered to 845 patients, with 19 of these participants being excluded, because they were unable to complete all of the appropriate questions. The participants of our study were non-camp Syrian refugees, living within the city of Bursa. Demographic data including age, sex, education, occupation, marital status, and number of children were noted. Exclusion criteria were patients who were unable to complete the questionnaire. Birth control methods, refusal to use birth control/family planning and probable reasons were asked of all the participants.

Statistical analysis

Statistical analysis was performed using the SPSS (Statistical Program for Social Sciences, Chicago, IL, USA) program. Data were characterized by means, standard deviations and percent-ages.

Results

In total 826 Syrian refugee females took the questionnaire. The demographic study population is outlined in Table 1. The mean age of the participants was 24.05 ± 6.2 and the mean number of children was 1.02. A total of 32 participants’ children were dead during the migration to Turkey. Participants’ views of birth control are given in Table 2. The survey results showed that 20% of the participants had unplanned pregnancies and 24% of participants feel they are unwilling to become pregnant again in the near future as in the period of stay as immigrants in Turkey. However, 59.5% of the participants were not willing to use birth control after the delivery of their child. The questionnaire also showed that 47% of participants were worried about the future and well being of their children.

Graph 1 gives the percentages of different birth control methods used by our study population. The results showed that; 29% used condoms, 24% used oral contraceptive pills, 20% had intra uterine devices (IUD), 17% used coitus interruptus, and the least common method was diaphragm usage at 1%.

Graph 2 shows the reasons behind the participant’s refusal to use birth control/family planning. 59.5% (n=491) of our study population did not use any contraception. 48% of the study population wanted to become pregnant again, 40% of them refused to use birth control based on their religious beliefs and 31% of the participants’ husbands wanted another child.

Table 1. Demographic data of the study population (n:826)

	Mean±SD
Age	24.05 ± 6.2
Gravida	2.46 ± 1.76
Number of children	1.02 ± 1.51
Number of participants who lost their child during the migration	8(4%)
How long have you been living in Turkey?	2.62±0.98 (6 months – 6 year)
How many times have you been pregnant?	1.34±0.51 (1-3)

Table 2. The view of birth control in the study population

	YES	NO
Do you want to use birth control?	335 (40.5%)	491 (59.5%)
Are you worried for the future and the well being of your children?	388 (47%)	438 (53%)
Are you concerned for your future?	301 (36.5%)	525 (63.5%)

Discussion

Many refugees flee to countries that, are close to their homeland. Although Syria borders several nations, Turkey hosts the largest population of refugees, currently numbering 2.7 million. [2]. Although some of these refugees reside in camps, many have found their way to larger cities and are residing in apartments, abandoned buildings and shelters. Similar conditions

were observed in Lebanon during 2013, when the government rejected the resurrection of camps and forced refugees to find shelter wherever feasible. Dwellings such as apartments, stripped refugees of their savings and often forced those without money to seek shelter in places like abandoned buildings or, empty lots [5].

Some factors, which may contribute to have 2 or more children, are religious beliefs about birth control, not having a legal minimum marriage age, sociocultural differences and also multiple partner marriages. Although the Syrian refugee population has access to family planning and birth control options, the majority of the population was not willing to use the aforementioned methods.

Due to the increased number of Syrian refugees within Turkey, the government has made access to healthcare free and accessible. In the last 5 years approximately 20,253,000 outpatient services have been provided to Syrian refugees. Almost 1 million refugees have been hospitalized in Turkey and out of those 1 million patients, 800,000 people had surgery and 177,568 patients delivered babies [4].

In general, half of the Syrian refugee population consists of reproductive-aged women who have a high pregnancy and delivery rate [6]. According to a recent survey, deliveries have been performed with adult Syrian refugee women and, unfortunately, also for adolescents [7]. The majority of immigrants are Arabs or Kurds, with Arabic as their mother language and Kurdish as a second language [8].

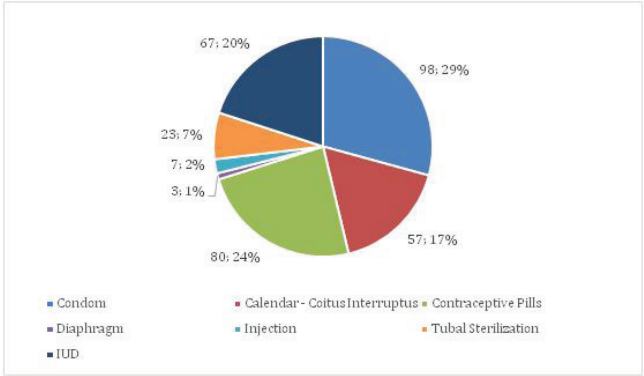
Moreover, in one study Syrian immigrants in Lebanon were found to have more than 5 deliveries per fertile female [6]. Although the refugee population has a high birth rate, the data about the method of delivery is inconsistent. These inconsistencies arise based on the reported number of cesarean sections among the Syrian refugee population [2, 3, 9, 10]. In one study conducted in Turkey it was shown that the cesarean section rate is higher in Turkish women than in the Syrian refugees [10]. Similarly, a study conducted in Lebanon showed that the cesarean section rate was also higher in Lebanon citizens compared to the Syrian refugees. [11].

Another important issue is the antenatal care received by the refugees. Erenel et al reported that 41.3% of the Syrian pregnancies had no antenatal care compared to the Turkish population of 7.7% [2]. The Syrian refugee patients were also younger than the Turkish population and the adolescent pregnancy rates were higher [3]. Erenel et al also reported lower dilatation and curettage rates (D&C) due to unintended pregnancies in the refugee population than in Turkish population [2]. It is difficult to interpret these results as many factors such as ethnicity of the population and/or religious beliefs might alter the decisions of the patients. There is limited data available on the contraceptive methods preferred by the Syrian refugee population, which lead us to conduct our survey.

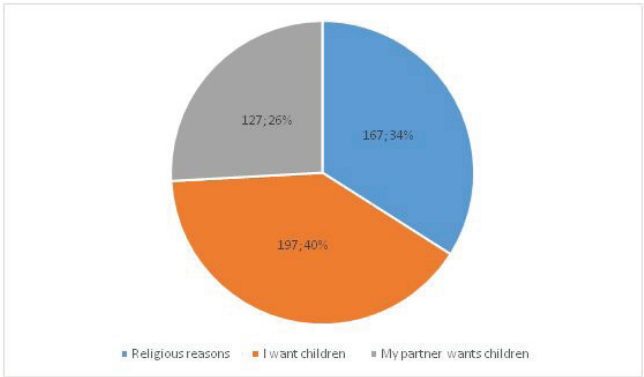
In one study conducted with 452 female Syrian refugees in Lebanon that assessed reproductive health and violence against women, 65.5% of women did not use any contraception methods, 19% used an IUD, and 8.6% used birth control pills [3].

The city of Bursa, in which our study was conducted, is the fifth largest city in Turkey based on population density. Bursa currently hosts over 340,000 Syrian refugees and provides the perfect backdrop for our study [10,12]. We found that 29% of our refugee population preferred condoms as a birth control method while 24% preferred to use oral contraceptive pills (OCP) (Figure 1). The least commonly used method was a diaphragm (1%). Benage et al reported the use of condoms, OCP and IUD as 4.8%, 33.6% and 21.3%, respectively. 59.5% of our study population was not willing to use any contraception after the delivery of their baby [5]. One study reported that 37.8% of the refugee population in the eastern part of Turkey was not using contraception [9]. In the Lebanon study the ratio was 34.1% among refugees whereas it was 42.3% in Lebanese women. Further, 19.6% of the refugee population in Lebanon was not interested in using contraception in the future [5].

Cherri et al. showed that Syrian refugee women married at early ages and Syrian couples were accustomed to having many children. The study found that six was considered an appropriate number of children. For Syrian women who were using contraceptive methods, the most commonly used were OCP and IUD. Some women did not want to have another baby, but the final decision about contraception was made by the husband. Some Syrian refugee women became pregnant but did not want their pregnancy. In our study group, the women believed that there was nothing to be done about an unwanted pregnancy because according to Muslim religion, abortion is forbidden and it was not an available option in Lebanon [13]. In our study we found that 31% of the participants' husbands wanted another child. This aligns with the study of Cherri et al., in which decisions within the Syrian refugee population about whether to have a new baby mostly were made by males.



Graph 1. Known contraceptive methods



Graph 2. Reasons for the rejection of contraception (n:491)

Benage et al. showed that 52.1% of the participants did not desire their current pregnancy; in our survey this ratio was 20%. In our survey we found that 80% of the pregnancies were planned and 75.5% of our study population were willing to get pregnant again in the future. Interestingly, while 47% of the study population were worried about their children's future, 75.4% were not willing to use any birth control methods [5]. When we asked the participants the reasons behind the refusal to use birth control their answers fell into three different categories. 48% wanted to become pregnant again in the future, 40% refused based on their religious beliefs, and for 31% their husbands wanted to have another child in the future.

In conclusion the increased number of birth rates among Syrian refugees not only has a profound impact within the Syrian community, but on the countries to which the refugees immigrate. Our survey was designed to uncover some of the reasons behind the refugees' knowledge, interpretation of and approach to contraception. We hope that with our survey results, future studies can be conducted to help the medical community understand more about pregnancy rates within the Syrian refugee population and the reasons for not utilizing birth control methods.

Scientific Responsibility Statement

The authors declare that they are responsible for the article's scientific content including study design, data collection, analysis and interpretation, writing, some of the main line, or all of the preparation and scientific review of the contents and approval of the final version of the article.

Animal and human rights statement

All procedures performed in this study were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. No animal or human studies were carried out by the authors for this article.

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Conflict of interest

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